

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10714079

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4						
5						
6						
7						
8	1					
9						
10		1				
11	1					
12						
13						
14						
15	1					
16						
17		1				
18	1					
19						
20						
21						
22	1					
23						
24		1				
25	1	1				
26						
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31						
32		4				
33		4				
34		4				
35		4				
36		4				
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38		4				
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41						
42						
43						
44		4				
45		4				
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	32					
TOTAL CLAIMS	40					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						